

53
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PRIOR RECORDS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 21 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Laura
Township Turnback
City _____ (No. _____)

Registration District No. 470
Primary Registration District No. 3640

File No. 34628
Registered No. 103
St. _____ Ward _____

2. FULL NAME

Henry Adam Breitenstine

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lizzy Breitenstine</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 16 - 1855</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>9</u>	DAYS <u>10</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
FATHER	13. NAME <u>John Breitenstine</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Lizzy Genter</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT <u>Hank Breitenstine</u> (ADDRESS) <u>Intervenor mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Orange Grove</u> DATE <u>Sept 18 1937</u>		
19. UNDERTAKER <u>Wm. Vernon</u> (ADDRESS) <u>Intervenor mo.</u>		
20. FILED <u>Sept 12 1937</u> <u>P. A. Holmes</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1937, to September 1937
I last saw him alive on June 16, 1937. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
Acute cardiac failure
Date of onset 9-16-37

Other contributory causes of importance:
myocarditis, chronic 1 yr.

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Wm. J. Silsby, M. D.
(Address) Intervenor, mo.

